

FAX COVER SHEET

DATE: April 19, 2000

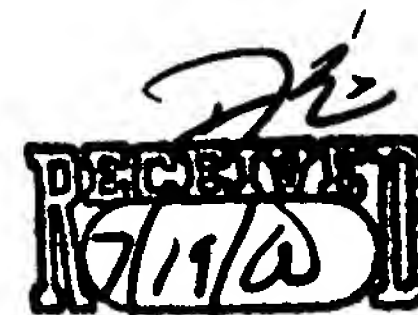
TO: Examiner Jeffery Brier **PHONE:** 703-305-4723
U.S. Patent & Trademark Office **FAX:** 703-308-6606
Group Art Unit: 2779

FROM: Jim Riegel **PHONE:** 408-467-1900
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Official

RE: Supplemental Amendment
Application No. 09/140,717
Title: Method and Apparatus for Applying Force in Force
Feedback Devices Using Friction

Number of pages including cover sheet: 11



Message

PLEASE DELIVER DIRECTLY TO EXAMINER BRIER, GROUP ART UNIT 2779.

Examiner Brier:

Please file the attached Supplemental Amendment and IDS in the above-identified patent application. I have only included the first page to the 2 cited U.S. Patents in the IDS; if you don't have access to the entire references, please contact me. Thank you.

--Jim Riegel

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LOUIS B. ROSENBERG et al.

Application No.: 09/140,717

Filed: August 26, 1998

For: Method and Apparatus for Applying Force in
Force Feedback Devices Using Friction

Attorney Docket No.: IMM1P013B

Examiner: J. Brier

Group Art Unit: 2779

Date: July 19, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Washington, DC 20231 on July 19, 2000.

Signed: _____

James R. Riegel

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith is an amendment and IDS in the above-identified application.

The fee has been calculated as shown below.

| | Claims Remaining After Amendment | Highest Previously Paid For | Present Extra | SMALL ENTITY RATE FEE | OR | LARGE ENTITY RATE FEE |
|-----------------|---|-----------------------------------|------------------|--------------------------|----|--------------------------|
| TOTAL CLAIMS | <u>32</u> - | <u>32</u> | <u>00</u> | X11 = \$09 | OR | X18 = \$0 |
| INDEP CLAIMS | <u>04</u> - | <u>04</u> | <u>00</u> | X41 = \$39 | OR | X78 = \$0 |
| | | | TOTAL | \$ | | \$0 |

- ☐ Applicant(s) hereby petition for a ____ month(s) extension of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0384.
- ☒ Please charge Deposit Account 50-0384 (Order No. IMM1P013B) in the amount of \$240.00 to cover the IDS fee.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0384 (Order No. IMM1P013B). A copy of this sheet is enclosed.

Respectfully submitted,

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